

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH PTO-875)

SERIAL NO. **107522758**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	X					
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	1					
19		1				
20	1	1				
21		1				
22	X					
23						
24						
25						
26						
27						
28						
29						
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31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48						
49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	13	←		←		←
TOTAL CLAIMS	15					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						